

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10775730**

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1						
2						
3						
4						
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	8					
TOTAL CLAIMS	10					

	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						